

# LEAVE BANK APPLICATION FORM

Form must be submitted to the Superintendent Office

DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

NUMBER OF LEAVE BANK DAYS REQUESTED \_\_\_\_\_

**EXPLANATION OF THE ILLNESS OR INJURY (BE SPECIFIC)**

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A Doctor's statement specifying the nature of the illness, the dates and medical service to the employee, and a date of the patient's expected release for return to teaching duties is required with this application.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_